

CITY OF PULLMAN

EMPLOYMENT APPLICATION-POLICE AND FIRE 325 S.E. PARADISE STREET PULLMAN, WA. 99163 (509) 338-3207

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY "AT WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 338-3207. T.D.D. 1-800-833-6388

An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing this application.

AME:		DATE OF BIRTH:				
ODRESS:		CITY:	ST	ZIP		
HONE (HOME)	(BUSINESS)		(CELL)			
MAIL:						
ease answer the follow	wing questions:					
•	e jobs can be hazardous?		Yes No			
•	may be working rotating shifts (police) or 24-hour		Yes No			
	t to a polygraph test for police positions, is this acc	ceptable?	Yes No			
	will be required to take a physical agility test?	11 1 .	Yes No			
	cer position, you will have to attend and successfu					
drug use, is this acce	emy and take a medical examination which also screentable?	reens	Yes No			
drug use, is this acco	puole.		105 110			
	EDUCA	TION				
chool	Name and Address of School	Course of Study	Years Completed	Diploma/Degree		
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	THER TRAINING YOU HAVE HAD WHICH CO	OULD BE RELEVANT	TO THE QUALIFICA	LIONS NEEDED L		
EASE LIST ANY O	THER TRAINING YOU HAVE HAD WHICH CO MILITARY TRAINING, IF APPLICABLE):	OULD BE RELEVANT	TO THE QUALIFICA	HONS NEEDED F		
EASE LIST ANY O		OULD BE RELEVANT	TO THE QUALIFICA	HONS NEEDED F		

WORK HISTORY

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT & U.S. MILITARY SERVICE. ATTACH SEPARATE SHEETS IF NECESSARY. IF AN ANSWER IS NOT KNOWN, PUT N/A.

Employer:	Dates Employed		Work Performed	
Address:		То		
Telephone:				
Job Title:	Hrly Rat	e/Salary		
Supervisor:	Start	Final		
Reason for Leaving:			May we Contact: Yes No	
Employer:	Dates Employed		Work Performed	
Address:	From	То		
Telephone:				
Job Title:	Hrly Rate/Salary			
Supervisor:	Start	Final		
Reason for Leaving:			May we Contact: Yes No	
	Dates Employed		Work Performed	
Employer:	Dates Er	nployed	Work Performed	
Address:	From	To	Work Performed	
			Work Performed	
Address:		То	Work Performed	
Address: Telephone:	From	То	Work Performed	
Address: Telephone: Job Title:	From Hrly Rat	To e/Salary	May we Contact: Yes No	
Address: Telephone: Job Title: Supervisor:	From Hrly Rat	To e/Salary Final		
Address: Telephone: Job Title: Supervisor: Reason for Leaving:	From Hrly Rat Start	To e/Salary Final	May we Contact: Yes No	
Address: Telephone: Job Title: Supervisor: Reason for Leaving: Employer:	From Hrly Rat Start Dates Er	To e/Salary Final mployed	May we Contact: Yes No	
Address: Telephone: Job Title: Supervisor: Reason for Leaving: Employer: Address:	From Hrly Rat Start Dates Er	To e/Salary Final mployed To	May we Contact: Yes No	
Address: Telephone: Job Title: Supervisor: Reason for Leaving: Employer: Address: Telephone:	From Hrly Rat Start Dates Er From	To e/Salary Final mployed To	May we Contact: Yes No	

ATTACHED ADDITIONAL SHEETS IF NECESSARY.

REFERENCES

PLEASE PROVIDE NAMES OF ADDITIONAL REFERENCES (OTHER THAN PREVIOUSLY LISTED SUPERVISORS) WHO CAN PROVIDE INFORMATION CONCERNING YOUR CHARACTER AND QUALIFICATIONS RELATIVE TO THE POSITION.

1.	NAME:		PHONE:	
	COMPLETE ADDR	RESS:		
2.	NAME:		PHONE: _	
	COMPLETE ADDR	RESS:		
3.	NAME:		PHONE: _	
	COMPLETE ADDR	RESS:		
		MISCEL	LANEOUS	
DRIV	ER'S LICENSE - Do ye	ou have a valid driver's license? Y	es No	
State:		License Number:		Expiration Date:
Licens	e Restrictions:			
I AUT	HORIZE THE CITY		LOCATION (CITY, STATE) R'S LICENSE INVESTIGATION FOR TO	
SIGN	ATURE		DATE	······································
	•	been convicted of a felony or misdemea te, and the disposition:	nor within the last seven years? Yes	No
Social	Security Number:			
U.S. M	IILITARY SERVICE	E: YES NO DISCHARGE S	TATUS:	
BRAN	CH OF SERVICE:		DATE IN: DATE OUT	Γ:
SPECI	ALITY:			
Are yo	ou claiming Veteran's P	reference? Yes No <u>If yes</u>	s, you must submit a copy of your DD214	with this application.
Are yo	u related by blood, add	ullman Police or Firefighter Reserve Offoption, or marriage to any current city er		

COMMUNICATION SKILLS

Why do you want to be a police officer or firefighter for the city of Pullman?				
What knowledge, skills, and abilities do you possess which make you unique	ly suited to be a police officer or firefighter?			
List below any formal training (high school or college course work or semin communication skills.	nars or workshops) you have taken to improve your oral or written			
DECLARA	TION			
I DECLARE MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION OF ALL STATEMENT OF NOT CONSIDERING ME FOR HIRE OR, IF ALREADY HIRED, MAY VESTIGATION OF ALL STATEMENTS MADE ON THIS APPLICATION OF ALL STATEMENTS MADE ON THIS APPLICATION OF ALL CLAIMS AGAINST THE CITY OF PULLMAN AND ALL OCCUR BY REASON OF SUCH INVESTIGATION.	R SUBSTANTIAL OMISSION OF FACT MAY BE CAUSE FOR BE CAUSE FOR DISCHARGE. I HEREBY AUTHORIZE IN- TION AS WELL AS A FULL BACKGROUND CHECK AND			
SIGNATURE	DATE			

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY EMPLOYER AND ASSURES EQUAL EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY.